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Bib Data Sheet

CONFIRMATION NO. 8772

SERIAL NUMBER 10/717,758	FILING DATE 11/20/2003 RULE	CLASS 367	GROUP ART UNIT 3662	ATTORNEY DOCKET NO. 30650/39706
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APPLICANTS

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** CONTINUING DATA ***** none IJL

** FOREIGN APPLICATIONS ***** none IJL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <u>CSA 10/30</u> Initials				

ADDRESS

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TITLE

Combination tape measure and range finder

FILING FEE RECEIVED 480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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